
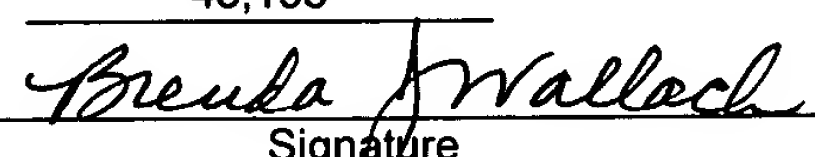


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|---|---|---------------------------------------|--|----|--|--|----|--------|---|----|--|--|----|--|--|----|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) 300622005400 | | | | | | | | | | | | | | | |
|  | In re Application of Daniel V. SANTI, et al. | | | | | | | | | | | | | | | | |
| | Application Number 09/847,526 | Filed May 1, 2001 | | | | | | | | | | | | | | | |
| | For: OVERPRODUCTION HOSTS FOR BIOSYNTHESIS OF POLYKETIDES | | | | | | | | | | | | | | | | |
| | Art Unit 1636 | Examiner T. McKelvey | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 10%; text-align: center;">\$</td><td style="width: 30%;"></td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$</td><td style="text-align: right;">410.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. 08/29/2003 5525KE1 00000120 031952 09647526</p> <p style="margin-left: 150px;"><input type="checkbox"/> assignee of record of the entire interest. 01 FEB 2004 410.00 DA</p> <p style="margin-left: 150px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 150px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 150px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 150px;">Registration number if acting under 37 CFR 1.34(a) <u>45,193</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u>August 25, 2003</u> Date</p><p><u>(858) 720-7961</u> Telephone Number</p></div><div style="width: 45%; text-align: center;"><p> Signature</p><p><u>Brenda J. Wallach</u> Typed or Printed Name</p></div></div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | 410.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | 410.00 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | | | | | | | | | | | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 25, 2003

Signature: 

(Diane Blevins)

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